

0-0

Licensee. _____ :

0-0

WHEREAS, based on the above, Licensee has asked to voluntarily surrender her privilege to practice in the State of South Dakota; and

WHEREAS, the Board has a statutory obligation to protect the public health, safety and welfare set forth in SDCL §36-9, including the protection of the public from unsafe nursing practices and practitioners; and

WHEREAS, Licensee agrees that the matters under investigation would be of a nature that would constitute grounds for the discipline of her privilege to practice nursing in South Dakota under SDCL § 36-9-98; and

WHEREAS, the Licensee agrees that she enters into this Voluntary Surrender of Privilege to Practice in South Dakota voluntarily and without duress or compulsion, in full understanding of the legal consequences of this document and her rights; therefore,

IT IS HEREBY STIPULATED AND AGREED AS FOLLOWS:

1. That the Board has jurisdiction over the person of the Licensee and the subject matter of this Voluntary Surrender of Privilege to Practice in South Dakota.

2. That on April 18, 2017, the Board investigator met with Licensee regarding a complaint that the Board received in regard to discrepancies surrounding her administration of morphine sulfate and hydrocodone in failing to document the administration of the medications, failure to account for the medications, and having a higher amount of administration of medication compared to that of her peers. The Licensee denies diverting narcotics for personal use and admits she has made numerous charting errors and documentation discrepancies.

Licensee has agreed that she would surrender her privilege to practice in the State of South Dakota.

3. That the Licensee has been given an opportunity to discuss this Voluntary Surrender of Privilege to Practice in South Dakota with an attorney of Licensee's choice, and is aware of her right to a hearing in this matter, and of her rights under the United States and South Dakota Constitutions, laws, rules and/or regulations. Licensee hereby voluntarily waives all such rights to a hearing, notice, appearance, or any other rights under said Constitutions, laws, rules and/or regulations. Licensee also agrees that the Board's Executive Director or her designee may present this Voluntary Surrender of Privilege to Practice in South Dakota to the Board and disclose to the Board all items of her investigation, including, but not limited to, any communications with Licensee.

4. That the Licensee's privilege to practice nursing in South Dakota shall be surrendered and the Board shall suspend said privilege for an indefinite period from the date of this Order. Licensee may apply to have her privilege reinstated for good cause shown.

5. That nothing in this Voluntary Surrender of Privilege to Practice in South Dakota should imply that the Licensee shall be reinstated. Licensee recognizes that the reinstatement terms, as well as the requirements for reinstatement, are at the sole discretion of the Board.

6. That if the Licensee requests reinstatement, Licensee has the burden of presenting information showing that Licensee's privilege should be reinstated.

7. That it is further stipulated and agreed that this Voluntary Surrender of Privilege to Practice in South Dakota is being entered into voluntarily by the Licensee and without threats or coercion and is entered into after the Licensee has been given ample opportunity to consider these matters and to discuss this Voluntary Surrender of Privilege to Practice in South Dakota

with an attorney of Licensee's choice and that the Licensee has a full understanding of the legal consequences of this Voluntary Surrender of Privilege to Practice in South Dakota and of the Licensee's rights to a formal hearing on these matters, which rights are hereby waived by the signing of this Voluntary Surrender of Privilege to Practice in South Dakota.

8. Licensee understands that during the period of this Voluntary Surrender that she is ineligible to work in any nursing role in the State of South Dakota, including that of a nurse aide, nurse assistant, or medication assistant/aide.

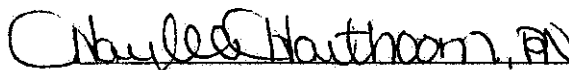
9. This action is reportable discipline and will be published in the Board's newsletter and posted on its web site and reported into the National Practitioner Data Bank (NPDB) as required by law.

10. That the Licensee, pursuant to SDCL § 36-9-98 acknowledges that while the remote state (South Dakota) may take adverse action affecting Licensee's privilege to practice within that state, that her home state of Iowa shall have the power to impose adverse action against the license issued by the home state (Iowa).

11. That the Board may enter an Order consistent with the terms of this Stipulation.

NOW, THEREFORE, the foregoing Voluntary Surrender of Privilege to Practice in South Dakota is entered into and is respectfully submitted to the Board with the request that the Board adopt its terms as an Order of the Board in the above matter.

Dated this 18th day of April, 2017.


Haylee R. Harthoorn, PN

The South Dakota Board of Nursing met on the 20th day of April, 2017,
and approved the above Voluntary Surrender of Privilege to Practice in South Dakota as written
by a vote of 9-0 and issued its Order as follows:

IT IS HEREBY ORDERED that the above Voluntary Surrender of Privilege to Practice
in South Dakota is adopted as shown herein by the South Dakota Board of Nursing this 26th day
of April, 2017.



Gloria Damgaard, RN, MS
Executive Director
South Dakota Board of Nursing



South Dakota Board of Nursing

4305 S Louise Avenue-Suite 201
Sioux Falls, South Dakota 57106

Motion for Action

Date: April 20, 2017

Agenda Item: 10B-Haylee Harthoorn

I MOVE that the South Dakota Board of Nursing accept the Voluntary Surrender of the Privilege to Practice for Haylee Harthoorn, IA P59433.

Signature: Nancy Nelson

SECONDED BY	VOTE	YES	NO	ABSTAIN	REGUSE	ABSENT
	Darlene Bergeleen	X				
	Carla Borchardt	X				
	Rebekah Credduck	X				
	Doneen Hollingsworth	X				
	June Larson					X
	Deborah Letcher	X				
	Nancy Nelson	X				
X	Sharon Neuharth					
	Robin PetersonLund					X
	Kristin Possehl	X				
	Mary Schmidt	X				
	TOTAL					



Motion Carried



Motion Defeated



Motion Withdrawn

Report Form

Report Type:

- Final

Facility:

Full Facility Name	Facility Email Address	City
Hudson Care and Rehab Center	svangelder@hudsoncarerehab.com	Hudson
Facility Phone Number	Facility Fax Number	Facility Type
(605)984-2244	(605)984-2714	LTC

Patient/Resident Information:

First Name	Last Name	Date of Birth
Numerous	Numerous	01/01/2017

Event Reporting:

Name of Person Completing Report	Credentials of Person Completing Report
Stephanie Van Gelder	RNDON
Facility Contact Person	Date and Time of Event
Stephanie Van Gelder	3/6/2017 1500
Type of Event Being Reported	
Suspicion/allegation of abuse/neglect	
Allegation Type	
Misappropriation of property/funds	
Suspicion/Allegation of Abuse/Neglect	
Facility personnel	

Is the individual capable of providing an explanation of the event or capable of participating in investigation?

- No

Report Form

Provide a brief explanation of event being reported. Please include name(s) of Patient/Resident/Personnel/Family/Visitors involved with event.

Narcotic Medication Diversion.

Allegation involved facility personnel?

Yes

Personnel Involved:

Full Name

Haylee R. Harthoorn

Job Title

LPN/SSD

Social Security Number

478214957

License/Certification Number

P59433

Date of Birth

02/05/1992

Date of Hire

05/06/2016

Last Known Address

2554 250th Street, Doon, Ia, 51235

Phone Number

(712)541-7355

If terminated, date of termination

03/02/2017

Previous Disciplinary Actions

Law Enforcement Notification:

Law Enforcement Notified?

- Yes

Why or why not?

Drug Diversion

Date and time Law Enforcement was notified

03/06/2017 1340

Law Enforcement Entity Notified

County

Name and number of Officer contacted:

Jarid Espland 605-764-5651

Report Form

Social Services Notification:

Department of Social Services Notified?

- No

Why or why not?

Reported to SD BON, DCI, DOH, Pharmacy, and Medical Director

Date and time DSS was notified

Name and number of Worker contacted:

Health Department Notification:

Date and time Health Department notified

03/06/2017 1515

Investigation Conclusion:

Conclusionary summary statement of facility investigation:

Investigation continued after initial report to DOH, including further reporting to proper entities. Dr. Hennes (facility medical director) and Mark Gerdes (RPh of Avera LTC Pharmacy) were notified of the reports/allegations/investigation on 3/7/2017 as both were out of office on 3/6/2017. Mark sent a Monthly Controlled Drug Report to compare the last month's narcotic use/deliveries with the pharmacy records. It was noted that on several dates that Haylee worked, narcotics were ordered (at times the evening prior to delivery) that there is no delivery sheet record and/or no order sheet record. It was also noted that Craig Anthony (on scheduled Hydrocodone) had refills sent for narcotics on 2/19/2017 and then again on 2/22/2017. Records indicate that this narcotic is ordered approximately every 6 to 8 days and receives the medication TID. On 3/13/2017 I notified Mark of the above noted concerns and Avera LTC Pharmacy will be sending copies of their delivery sheets and facility telephone/fax order sheets within 48 hours. Report was filed to the DCI with Pat Kneip on 3/7/2017 as he was also out of office on 3/6/2017.

The Controlled Substance destruction policy and procedure was reviewed and revised. The key to the drug destroy box is kept in the DON's office at all times. Controlled Substances to be placed in the drug destroy box by 2 nurses with a signature of both nurses on the count sheet or destruction log accompanying the medication. DON and another RN will destroy controlled substances. Education to be provided at the all nursing department meeting on 3/14/2017 regarding medication diversion and recognition of substance abuse/diversion.

Report Form

Substantiation and Action:

Was abuse/neglect allegation substantiated?

- Yes

Why or why not?

Drug diversion

If a patient/resident was suspected of abuse/neglect, was it a willful act?

- Yes

Action taken by facility
(Check all that apply)

- ☒ Personnel education
- ☐ Equipment repaired/removed
- ☐ Personnel reprimanded
- ☒ Personnel terminated
- ☐ Staff levels reviewed/revised
- ☒ Facility procedures reviewed/revised
- ☐ Leadership reviewed/revised
- ☐ Restitution made
- ☐ Other

Admin Only Notes:

Date/Time

3/13/17 at 4:14 p.m.

Subject

Email

Person We Visited With

Phone Number

Address

See below

Notes

Report sent to SD BON and SD DOH OLC RPh.

Report Form

Report Type:

- Initial

Facility:

Full Facility Name	Hudson Care and Rehab Center, LLC	Facility Email Address	svangelder@hudsoncarerehab.com	City	Hudson
Facility Phone Number	(605)984-2244	Facility Fax Number	(605)984-2714	Facility Type	LTC

Patient/Resident Information:

First Name	Numerous	Last Name	Numerous	Date of Birth	01/01/2017
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Event Reporting:

Name of Person Completing Report	Steph Van Gelder	Credentials of Person Completing Report	DON/RN
Facility Contact Person	Steph Van Gelder	Date and Time of Event	03/06/2017 1500
Type of Event Being Reported	Suspicion/allegation of abuse/neglect		
Allegation Type	Misappropriation of property/funds		
Suspicion/Allegation of Abuse/Neglect	Facility personnel		

Is the individual capable of providing an explanation of the event or capable of participating in investigation?

- No

Report Form

Provide a brief explanation of event being reported. Please include name(s) of Patient/Resident/Personnel/Family/Visitors involved with event.

See attached reports.

Allegation involved facility personnel?

Yes

Personnel Involved:

Full Name

Haylee Harthoorn

Job Title

LPN

Social Security Number

478214957

License/Certification Number

P59433

Date of Birth

02/05/1992

Date of Hire

05/02/2016

Last Known Address

2554 250th St, Doon, IA 51235

Phone Number

(712)541-7355

If terminated, date of termination

03/02/2017

Previous Disciplinary Actions

Law Enforcement Notification:

Law Enforcement Notified?

- Yes

Why or why not?

Involved Missing Narcotics

Date and time Law Enforcement was notified

03/06/2017 1340

Law Enforcement Entity Notified

County

Name and number of Officer contacted:

Jarid Espland 605-764-5651

Report Form

Social Services Notification:

Department of Social Services Notified?

- No

Why or why not?

Department of Health, Local Law Enforcement, SD Board of Nursing Notified

Date and time DSS was notified

Name and number of Worker contacted:

Health Department Notification:

Date and time Health Department notified

03/06/2017 1425

Investigation Conclusion:

Conclusionary summary statement of facility investigation:

See attached documentation and more to follow with final report.

Admin Only Notes:

Date/Time

3/6/17 3:33 p.m.

Subject

Email

Person We Visited With

Phone Number

See below

Address

Notes

Report sent to Bob Coolidge RPh and SD BON

Final Investigation Report for Drug Diversion (Filed Initially on 3/6/2017)

Upon review of Monthly Controlled Drug Report supplied by Avera LTC Pharmacy for dates 1/7/2017 to 2/28/2017 there were several dates noted where the facility did not have record of delivery tickets or Medication Refill request forms and the pharmacy had record of a delivery of controlled substances to the facility. Avera LTC Pharmacy was notified of the discrepancies and were able to locate their copies of delivery tickets and Medication Refill requests. A phone conference we held with Megan Arend, Program Development Representative/RN, Stephanie Van Gelder, RN/DON of Hudson Care & Rehab Center, and a RPh from Avera LTC Pharmacy to compare records. It was determined that 60 Hydrocodone 5-325mg was delivered for Craig Anthony to the facility on 2/20/2017 and the delivery ticket was signed by Haylee Harthoorn. It was noted that the facility copy of the delivery ticket was not able to be located (see pharmacy copy signed by Haylee). Laura Limoges, RN, had reordered Craig Anthony's Hydrocodone on 2/19/2017 which is consistent with an approximate 8 day reorder cycle. Craig Anthony's records indicate that only one card of Hydrocodone was received on 2/20/2017 (per Controlled Drug Receipt/Record/Disposition Form, not signed by nurse). It was also noted that Controlled Drug Receipt/Record/Disposition Form was missing from Craig Anthony's chart for dates 2/12/2017 thru 2/20/2017. During the phone conference, it was determined that a card of 30 Hydrocodone 5-325mg belonging to Craig Anthony that was delivered on 2/20/2017 was not signed into the facility. Haylee Harthoorn was the nurse working the 6p-10p shift on 2/20/2017.

Stephanie Van Gelder RN/DON

Hudson Care & Rehab Center

720 Parkway

Hudson SD 57034

Phone: 605-984-2244

Fax: 605-984-2714

Fax Cover Sheet

COMPANY: SD Board of Nursing

ATTENTION: SD DOH

FAX #: 362-2768

PHONE#: _____

TOTAL # PAGES (Including Cover) 55

SENDER: Alan Geldner

DATE/TIME: 3/6/17 1220

COMMENTS: _____

2nd 1/2 of sheets

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Medication Notes

Resident Name: Shamayne Lodes

[illegible]

Medication Notes

Month/Year January 2017

Resident Name: Shamayne Lodes

DATE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
1/27/17	0645	SL	Haldol 2mg/ml 2 given			Pharmacy 2 bring			SL
1/27/17	1130	SL	ativan 0.5ml	PO		restlessness	Ø effective	1230	SL
1/27/17	1330	SL	morphine 0.5ml	PO		restlessness	Ø effective	1430	SL
1/27/17	1345	SL	ativan 0.5ml	PO		restlessness	resting	1440	SL
1/27/17	2130	MS	Ativan 0.5ml	PO		restlessness	Symptoms effective	2230	MS
1/28/17	1500	ON	morphine 0.5ml	PO		restless/combativ	Ø effective	1530	ON
1/28/17	1700	ON	morphine 0.5ml	PO		restless/combativ	Ø effective	1730	ON
1/28/17	1700	ON	ativan 0.5ml	PO		restless/combativ	Ø effective	1730	ON
1/28/17	1900	ON	morphine 0.5ml	PO		restless/combativ	Ø effective	1930	ON
1/28/17	2000	ON	ativan 0.5ml	PO		restless/combativ	Ø effective	2030	ON
1/28/17	2100	ON	morphine 0.5ml	PO		restless/combativ	Ø effective	2130	ON
1/29/17	0315	SL	Maphex 0.5ml	PO		restless	More calm Symptoms effective	0500	SL
1/29/17	0340	SL	Lorazepam 0.5ml	PO		restless	more calm	0500	SL
1/29/17	1245	ON	morphine 0.5ml	PO		restless	Ø effective	1305	ON
1/29/17	1410	ON	ativan 0.5ml	PO		restless	Ø effective	1450	ON
1/29/17	1440	ON	morphine 0.5ml	PO		restless	Ø effective	1530	ON

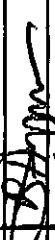

Medication Notes

Resident Name: Sharwayne Lodes

Month/Year: Jan 2017

DATE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
12/31/17	0640	ff	ms 0.5ml	po		restlessness	resting - eyes closed	0730	ff
12/31/17	1820	ON	ms 0.5ml	po		restless	resting - eyes closed	1900	ON
12/31/17	1820	ON	ativan 0.5ml	po		restless	resting - eyes closed	1900	ON
1/2/17	2200	ON	ms 0.5ml	po		restless	effective, resting	2300	ff
1/2/17	2200	ON	ativan 0.5	po		restless	effective, resting	2300	ff
1/2/17	0915	ff	haldol 5mg i	po		restless/agitation	effective	1005	ff
1/2/17	1025	ff	ativan 0.5ml	po		restless	effective	1100	ff
1/2/17	1655	ff	ms 0.5ml	po		restless	eff - calm	1730	ff
1/2/17	1901	ms	ativan 0.5ml	po		restless	effective	2000	ms
1/2/17	2250	ms	ms 0.5ml	po		restless			
1/2/17	2230	ff	ms 0.5ml	po		restless	effective	12/17 0015	ff
1/2/17	0500	ff	Dulcex suppo	pr		promote BM	See BM record	-	ff
1/2/17	0920	ff	ativan 0.5ml	po		restlessness	resting - eyes closed	1030	ff
1/2/17	2200	ff	ativan 0.5ml	po		severe restlessness			
1/2/17	2200	ff	morphine sualge 0.5ml	po		severe restlessness	ineffective, 1:1 provided	2300	ff
1/2/17	2230	ff	ativan Intensol 0.5ml	po		severe agitation, restlessness	ineffective 1:1 provided	2330	ff
1/2/17	2230	ff	ativan Intensol 0.5ml	po		restlessness	Somewhat effective	0210	ff

City	Hudson Care & Rehab Center	Pharmacy	Avera Long-Term Care Pharmacy	Physician	Hennies, Cathy
gleg	No Known Allergies				
DNR					
Advance Directive					
Schedule for Feb 2017 if Magnesia Suspension 400 MG/5ML 330 ml by mouth as needed for Constipation Daily PRN Date- 3/2/2016 1315 / Lax Powder 17 gram by mouth as needed for Constipation ed to CONSTIPATION, UNSPECIFIED (\$59.00) PRN rt Date- 3/2/2016 1030 / Phosphate Solution 20 MG/5ML 0.5 ml by mouth every 1 hour as needed for 1 SOB, Restlessness nt Date- 3/2/2018 1815 / Polyethylene Glycol 3350 Powder e 17 gram by mouth as needed for constipation 1 hat once daily as needed art Date- 04/2016 1330					

Chart Codes / Follow Up Codes											
Init		Name		Signature		Init		Name		Signature	
								Checked By 1st			
								Checked By 2nd			
								Checked By 3rd			
MEDICATION ADMINISTRATION RECORD										Resident	
02/01/2017 - 02/28/2017											
Admit Date		05/04/2015		DOB		12/26/1947		Unit		Country Lane	
										Room	
										212A	
										Bed	
										A	

[illegible][illegible]

CONTROLLED DRUG RECEIPT/RECORD/DISPOSITION FORM

Facility HUDSON CARE & REHAB CENTER (0285)		Nursing Station HUDSON - 100 UNIT (101A)	
Rx# 1528856/001		Date Dispensed 02/13/2017	
Res. Name <u>LOPEZ, HARMAYNE L.</u>		Doctor HENNISS, CATHY	
Drug/Name/Strength MORPHINE SUL SOL 100/5ML			
Directions GIVE 0.25ML (5MG) BY MOUTH EVERY 2			
HOURS AS NEEDED FOR PAIN OR SOB			
Pharmacy Avera Long-Term Care Pharmacy		Quantity Dispensed 30.00	
Date	Time	Amount Given	Signature
2/13/17	2040	0.5	29.5 CN Northam
2/14/17	1200	0.5	29 Sloggs CPN
2/15/17	1745	0.5	28.5 CN Northam
2/15/17	1930	0.5	28 CN Northam
2/15/17	2100	0.5	27.5 CN Northam
2/17/17	1045	0.5	27 Sloggs CPN
2/17/17	1400	0.5	26.5 CN Northam
2/17/17	1615	0.5	26 CN Northam
2/17/17	1615	0.5	25.5 L. Limoges ED
2/19/17	1345	0.5	25 L. Limoges ED
2/20/17	1510	0.5	24.5 L. Limoges ED
2/20/17	1910	0.5	24 CN Northam LPV
2/20/17	2045	0.5	23.5 CN Northam LPV
2/21/17	1445	0.5	23 Sloggs CPN
2/22/17	0715	0.5	22.5 Sloggs CPN
2/22/17	1745	0.5	22 CN Northam
2/22/17	1845	0.5	21.5 CN Northam
2/22/17	2015	0.5	21 CN Northam
2/25/17	0720	0.5	20.5 CN Northam
2/25/17	0945	0.5	20 CN Northam
2/25/17	1400	0.5	19.5 CN Northam
2/25/17	2250	0.5ml	19mc YCollins ED
2/26/17	0610	0.5	18.5 CN Northam
2/26/17	0830	0.5	18 CN Northam
2/26/17	1000	0.5	17.5 CN Northam
2/26/17	1145	0.5	17 CN Northam
2/26/17	1400	0.5	16.5 CN Northam

111B)(EAST)

Avera Long-Term Care Pharmacy
 (605)322-1450 FAX (605)971-3544

Signature of nurse receiving medication

Quantity Received

Date _____

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

Quantity Destroyed: _____ Date: _____

RN Signature:

RPh/Witness Signature:

[illegible]

On 2/26/2017, I received a call from Lisa Collins, charge nurse on duty at Hudson Care & Rehab. Lisa reported concerns regarding controlled substance counts, charting issues and missing documentation. She had discussed this issue with Haylee Harthoorn, as the issues were with her charting and came about between her shift and Lisa's. I asked that Lisa document her concerns (see note dated 2-26-2017 and all initial and corrected/late documentation copies). I talked with Maria Nickelson on the AM of 2-27-2017 regarding the amount of medication that she had received over the weekend and she stated that she had only received one dose of Hydrocodone on 2-26-2017. This was also documented on the weekly report sheet and passed along in taped report. I discussed these discrepancies with Haylee along with missing documentation and corrected/late entries. Haylee stated that she gave all the doses that she later documented. I educated her on the importance of accurate documentation at the time of administration of medications and the potential for errors due to missing/incorrect documentation.

On the evening of 2-27-2017 it was brought to my attention that residents receiving PRN narcotic medications have been getting more doses than usual. Upon review of resident records, it was noted that on days that Haylee Harthoorn worked, several residents received frequent doses of PRN narcotic medications that usually do not need as frequent medication interventions (see documentation provided).

See 3-2-2017 notes from meeting between Hunter Winklepleck, Administrator, Stephanie Van Gelder, DON, and Haylee Harthoorn, LPN/SSD. See also records of Haylee Harthoorn's current and historic medications.

On the AM of 3-1-2017 it was brought to my attention that there was a bottle of Oxycodone 5mg (count 52) prescribed to David Hansen and no documentation as to disposition of medication. I reviewed David's chart and there was an order for the Oxycodone to be discontinued on 8-18-2017 but the medication was not pulled from the narcotic drawer to be destroyed and continued to be counted. There was no medication disposition sheet in the resident's current chart or thinned records or narcotic count record. I initiated an audit of charts on residents that receive narcotic medications and below are some of the findings as well as staff interviews:

- Mable VanDenTop expired on 2-12-2017 and had orders for Morphine Sulphate 15mg ER, Morphine Sulphate Solution 100mg/5ml and Tramadol 50mg. Per interviews with Savana Loges LPN and Makinsy Brantsen LPN, these medications were placed in the narcotic lock box on the AM of 2-13-2017 at the exchange of shifts. (a medication destruction sheet was filled out and also placed in the box). These medications are not in the box and there is no medication destruction sheet in her chart. Per interview with Susan Kamp RN, she stated that she was in the narcotic lock box on 2-23-2017 and there were a bunch of meds in the box at that time. She placed a full card of Lyrica 25 mg (Norma Crawford) in the box. We looked in the box at this time and the only meds in the box were Xanax and Lyrica cards from when resident was in the hospital. The full card of Lyrica is also missing without a medication destruction sheet in resident's chart.
- Nelva Boogerd had Hydrocodone 5-325mg discontinued on 1-14-2017. There is no medication destruction sheet in the resident's chart. Susan Kamp RN and Marily Hoogendoorn RN destroyed

medications from the narcotic lock box on 1-25-2017 (see records) and they are unable to recall all of the meds that were destroyed. Per review of pharmacy delivery records and resident's MAR, it is estimated that 13 Hydrocodone are missing.

- Upon review of Nelva Boogard's chart it was noted that on narcotic record starting with date 10-24-2017 and ending on bottom of page with date 10-29-2017 an ending count is 12. When Haylee Harthoorn started a new narcotic record starting date 10-30-2017 with no further administrations of narcotic (scheduled medication TID) and noted amount on hand to start of 9 (discrepancy of 3 tablets, see documentation copy).
- See also records of questionable increase use of medication administration for residents: Merlyn (Mike) Miller, Sharmayne Lodes, Evelyn Nelson, and Michael (Mick) Egan.

Stephanie Van Gelder RN/DON

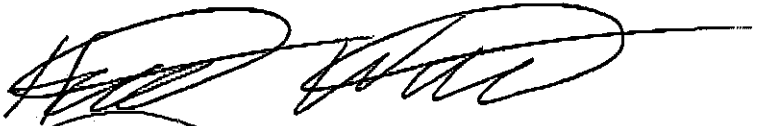
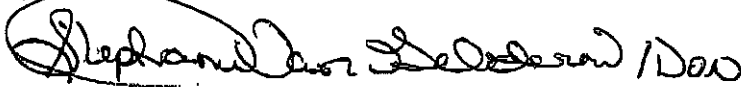
Hudson Care & Rehab Center

3-6-2017

03/02/2017:

It was brought to the administrator's attention that Haylee Harthoorn, who functions as a nurse and as the Social Services Designee, had some issues with her charting and with her medication administration of narcotics. The administrator, Hunter Winklepleck, and director of nursing, Steph Van Gelder, both had a discussion with Haylee on 02/28/2017 to discuss the issue. In the meeting, Haylee admitted to shredding her narcotic documentation and lying about how much of the narcotics she was giving to the residents. One of the prevalent issues that was discussed is that Haylee had recorded that a resident received four hydrocodone. When the director of nursing interviewed the resident she stated that she had only received one. Haylee was unable to provide an explanation for this discrepancy. The administrator stated to Haylee that more investigation would need to occur to dive into what was occurring but that at the least she would receive a final written warning about her charting and documentation problems. On 03/02/2017 Haylee abruptly quit her position and it was discovered after she quit that there were at least 50 narcotic medications missing from the narcotic box. The administrator and director of nursing will continue to investigate the issues.

Typed by Hunter Winklepleck, Administrator on 03/02/2017



Steph Van Gelder / Do

Sunday 2-26-17

Steph,

Per your instructions I am writing you this as a reminder and a follow up to our discussion regarding Toni Nickelson's undocumented hydrocodone doses and missing record sheet.

When I did controlled med count \bar{c} Haylee this a.m., Toni had a partial bottle of hydrocodone \bar{c} I believe 40mL (4 doses) or 50mL remaining and another new full bottle \bar{c} 350mL. The sheets (recording counts) matched the bottles.

When I came tonight and listened to report, it was reported that only dayshift gave one dose of PRN hydrocodone (10mL) to Toni. This is also recorded on the report sheet, Med notes, and per Savana, LPN. See copies of docs.

Savana and I did controlled med count at which time I found that Toni only had the new bottle of hydrocodone (350mL). The partial bottle was gone, as was the recording sheet. I asked Savana about this, who stated that when she came and did count \bar{c} Haylee at beginning of her (Savana's) shift, there was only the new bottle and its corresponding sheet as well at that time as well.

We checked the MAR, which had no documentation, but the med notes matched report that one dose had been given at 1330 today by Haylee. We checked the cart and med room, thinking the bottle and its corresponding recording Count Sheet had been misplaced, but did not find it either place. We checked Toni's chart for the recording sheet, it's not there, nor is it in the "To be filed" box. At this time, with Savana present, I called Haylee to see if she knew where the items were. She ~~stated~~^{stated} Haylee stated that she had "all the papers in my (her) office and I'll fix it tomorrow." She stated she gave three doses, not the one she reported, and that she forgot to write them down but will fix it when she comes in tomorrow morning then abruptly said goodbye and hung up on me.

After Savana left I called you, Steph, with my concerns regarding Haylee's own report not matching ~~half~~^{half} the number of doses missing as well as the missing paperwork. I talked to Toni w/ your permission. I told Toni I needed to know if she had gotten any doses of hydrocodone today because I thought maybe they forgot to record them and I wanted to leave them a reminder note. She stated without hesitation she had one dose of hydrocodone today, and that it was "this afternoon." I asked her if she was sure, she stated she was sure.

I do not wish to imply anything but rather relate the information I am aware of and legally

obligated as an RN to report to you.

Per your request the other items that were reported by Toni were:

- ① Not getting her eye drops that were signed off (I left you note on specific date)
- ② Not getting either neb treatment on 2/25/17. I did give her the HS one when she informed me she hadn't received it.

Also, please note that the MAR and the med notes (PRN documentation) do not match the controlled count recording sheets this month on a couple of cases I have seen. I was leaving Haylee reminder notes but she did not take kindly to these so I stopped. I don't know if you want to audit them but felt it wasn't my place. I only realized it when I needed to give PRN's and found report and the MAR and the controlled doc book weren't matching up so I had to be very careful before giving a PRN as to not overdose a resident.

Once again, I am only reporting what I've found due to concerns for resident safety.

as well as mandatory reporting obligations.

Thank you,

Lisa Collins, RN

Facility		Hudson Care & Rehab Center		Pharmacy		Avera Long Term Care Pharmacy		Physician		Hemmes, Cathy																				
Medications		Hydrocodone, Percocet, Propoxyphene, Vantocyn																												
Advance Directive																														
Schedule for Feb 2017		Hours	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue							
Hydrocodone-Acetaminophen Solution 7.5-325 MG/5ML Give 10 ml via J-Tube every 4 hours as needed for Pain Start Date- 07/28/2016 2045		PRN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
LORazepam Intensified Concentrate 2 MG/ML Give 0.5 mg via J-Tube as needed for agitation BID Start Date- 05/27/2016 1115		PRN																												
Polyethylene Glycol Powder Give 17 gram via J-Tube as needed for constipation Dilute as needed Start Date- 05/03/2016 1815		PRN																												

Custom Prompt Legend

1. Anti-convulsant Drug Level (ACDL)	5. Digoxin Level (Dig)	9. Potassium (K)	13. TSH (TSH)
2. BUN (BUN)	6. Glucose (Glu)	10. PT/INR (PT/INR)	14. Urine pH (U. pH)
3. CBC (CBC)	7. Hematocrit (Hct)	11. PTT (PTT)	
4. Creatinine (Creat)	8. Hemoglobin (Hgb)	12. Theophylline Level (Theo)	

COPY

Chart Codes / Follow Up Codes		Init	Name	Signature	Init	Name	Signature	MEDICATION ADMINISTRATION RECORD		Resident	NICKELSON, MARIA A (1059)						
Follow Up Codes	3=Vitals Outside Parameters 4=Pulse below 60/min 5=Hypotension Progress Notes 6=Hospitalized 7=Shipping 8=Hypertension/Vomiting 9=Other / See Progress Notes 10=Spit out Medic							Admit Date	05/03/2016	DOB	05/16/1945	Unit	Country Lane	Room	2118	Bed	A
Chart Codes	1=Refer to the last page of the report for a complete list of chart codes 2=Drug Released							Checked By 1st		Checked By 2nd		Checked By 3rd					

Chart Codes / Follow Up Codes									
-- Follow Up Codes --- =Admission/Discharge =Effective =Unknown =On Hold By Physician --- Chart Codes --- =Away from home with meds =Drug Released									
3a-Outside Outside Parameters 4a-Pulse below 60b/min 5a-Hold/See Progress Notes 6a-Hospitalized 7a-Sleeping 8a-New/zeated/Vomiting 9a-Chair / See Progress Notes 12a=Spit out Meds									
Init	Name	Signature	Init	Name	Signature		Name	Signature	
						Checked By 1st	<i>[Signature]</i>		
						Checked By 2nd	<i>[Signature]</i>		
						Checked By 3rd			
MEDICATION ADMINISTRATION RECORD						02/01/2017 - 02/28/2017	Resident	NICKELSON, MARIA A (1059)	
Admit Date	05/03/2016	DOB	05/16/1945	Unit	Country/Lane	Room	211B	Bed	A

2/20/17
 REPAIR HUDSON CARE REHAB WEEKLY REPORT

DATE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MN ROOM 2111B	Per report on Friday - tape plastic curdle part of J tube down to split guzzled tube did 3h. would like room today MMH mtdx 180						
ROOM 212A							
ROOM 212B							

OTHER COMMENTS OR CONCERNS

 COPY

Month/Year Feb 2017

DATE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
2/3/17	19:20	6m	HydroApep 7.5/325mg 16ml	tabc		Ⓢ Side tabc site pain "9"	eff	20:30	6m
4/1/17	17:40	off	ativan 0.25ml	po		"nerves"			
5/1/17	09:00	Q1	hydro-rmp 7.5/325	gube		gube site pain	7/10	eff	3/11
24/17	13:30	Q1	hydro-rmp 7.5/325	gube		gube site pain	8/10	eff	Q1

COPIES

1 cte
 edited
 documentation
 Medication Notes
 from 2/27/17
 gm

Month/Year Feb 2017

Resident Name: Maria Nickelson

DATE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
2/3/17	1920	gm	Hydro APAP 7.5/325mg 10ml	tube		② side tube site pain "8"	eff	2030	gm
2/4/17	1740	ff	ativan 0.25ml	po		"nerves"			
2/5/17	0900	ON	hydro - APAP 7.5/325	tube		tube site pain 7/10	effective 3/10	1600	ON
2/5/17	1330	ON	hydro - APAP 7.5/325	tube		tube site pain 8/10	effective 4/10	1430	ON
2/6/17	0900	ON	Miralax 17gram	tube		promote dm, per request	See dm record	0900	ON
2/6/17	0900	ON	hydro - APAP 7.5/325	tube		QD tube site pain 7/10	"still hurts 4/10"	1000	ON
2/6/17	1305	ON	hydro - APAP 7.5/325	tube		QD tube site pain 7/10 "still hurts"	effective 3/10	1420	ON
2/6/17	1720	ON	hydro - APAP 7.5/325	tube		QD tube site pain 5/10	effective 1/10	1800	ON
2/6/17	1725	ON	Duoneb	IM tube		808	effective	1745	ON
2/27/17	2030	MT	Hydro APAP 7.5/325	tube		pain "tube site 6/10"	Bother	2000	MT

Medication Notes

Resident Name:

Mike Miller

Month/Year

October 2016

DATE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
10-3	1300	ON	NORCO 5/325 1Tab	PO		back pain	"better"	1300	ON
10-3	1600	ON	NORCO 5/325 1Tab	PO		back pain	resting quietly	1700	ON
10-8	1800	ON	NORCO 5/325 1Tab	PO		low back pain	out of hallway	—	ON
10-8	1600	ON	NORCO 5/325 1Tab	PO		low back/neck pain	"much better"	1700	ON
10-9	1230	ON	NORCO 5/325 1Tab	PO		low back pain/neck	"it doesn't hurt as bad"	1400 1800	ON
10-9	1710	ON	NORCO 5/325 1Tab	PO		neck pain	"better"	1800	ON
10-10	1120	ON	NORCO 5/325 1Tab	PO		low back/neck	resting quietly	1240	ON
10-10	1545	ON	NORCO 5/325 1Tab	PO		pain to neck	of clos - effective	1655	ON
10-11	0600	ON	NORCO 5/325 1Tab	PO		low-mid back pain	"some better"	0710	ON
10-11	1345	ON	NORCO 5/325 1Tab	PO		neck pain	better	1440	ON
10-11	1730	ON	NORCO 5/325 1Tab	PO		neck pain	effective	1800	ON
10-20	0345	ON	NORCO 5/325 1Tab	PO		neck/neck pain	effective	0650	ON
10-20	1400	ON	NORCO 5/325 1Tab	PO		neck pain	effective	1500	ON
10-20	1740	ON	NORCO 5/325 1Tab	PO		neck pain	effective	1840	ON
10-20	0800	ON	NORCO 3000	PO		promote bow	See bow record	0900	ON
10-20	0900	ON	NORCO 5/325 1Tab	PO		neck pain	effective	0700	ON

Resident Name: Mike Miller

Month/Year OCTOBER 2010

[illegible]

Medication Notes

Resident Name: Miller, Merlyn (Mike)

Month/Year November 2016

DATE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
11/1/16	0740	JK	mom 30mL	PO		promote BM	see BM record	—	JK
11/1/16	1310	ON	hydro/pap 5/325mg	PO		back/coccyx pain	effective	1400	ON
11/1/16	1500	ON	hydro/pap 5/325 tabs	PO		back pain	effective	1410	ON
11/1/16	1345	ON	hydro/pap 5/325 tabs	PO		back pain	effective	1510	ON
11/17/16	1300	ON	hydro/pap 5/325 tabs	PO		back/coccyx pain	resting quality	1400	ON
11/17/16	1235	ON	hydro/pap 5/325 tabs	PO		low back pain	effective	1330	ON
11/20/16	1345	ON	hydro/pap 5/325 tabs	PO		back pain 4/10	effective	1345	ON
11/29/16	1300	ON	hydro/pap 5/325 tabs	PO		low back pain	not	1400	ON
11/30/16	1255	ON	hydro/pap 5/325 tabs	PO		coccyx pain	"some better"	1410	ON
11/30/16	1400	ON	low back stand up / walking						

Facility	Nursing Station
HUDSON CARE & REHAB CENTER (02850)	HUDSON - 100 UNIT (101A)
Rx#	Date Dispensed
1445773/001	11/24/2016
Res Name	Doctor
MILLER, MERLYN	HENNIES, CATHY
Drug/Name/Strength	
HYDROCO/APAP TAB 5-325MG	
Directions	
GIVE 1 TAB BY MOUTH TWO TIMES DAILY	

Signature of nurse receiving _____
Quantity Received _____

Avera Long-Term Care Pharmacy
(605)322-1450 FAX (605)322-1461

Signature of nurse receiving medication

Quantity Received

Date _____

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

Quantity Destroyed: _____ Date: _____

RN Signature:

RPh/Witness Signature:

Date	Time	Amount		Signature
		Given	Left	
11/24/16	0150	1	27	NNauthoom
11/24/16	1245	1	28	NNauthoom
11/24/16	1950	1	27	AL PL
11/27/16	0900	1	26	L. Limoges EU
11/27/16	1740	1	25	AL PL
11/28/16	0830	1	24	L. Limoges EU
11/28/16	1445	1	23	mBanksen
11/29	0700	1	22	NNauthoom
11/29	1300	1	21	NNauthoom
11/29	1940	1	20	mBanksen
11/30	0700	1	19	AL PL
11/30	1255	1	18	NNauthoom
11/30	1940	1	17	mBanksen
12/1	0815	1	16	Stages LPN
12/1	2000	1	15	NNauthoom
12/2	0730	1	14	L. Limoges EU
12/2	1900	1	13	AL PL
12/2	1510	1	12	NNauthoom
12/3	0630	1	11	L. Limoges EU
12/3	1830	1	10	NNauthoom
12/3	2130	1	9	NNauthoom
12/4	0800	1	8	L. Limoges EU
12/4	1900	1	7	AL PL
12/5	0930	1	6	Stages LPN
12/5	1900	1	5	AL PL
12/6	0900	1	4	L. Limoges EU
12/6	2025	1	3	mBanksen LPN
12/7	0800	1	2	L. Limoges EU
12/7	1915	1	1	mBanksen
12/8	0755	1	0	Stages LPN

[illegible]

CONTROLLED DRUG RECEIPT/RECORD/DISPOSITION FORM

Facility		Nursing Station		
HUDSON CARE & REHAB CENTER (02B50)		HUDSON - SPECIAL CARE		
Rx#	Date Dispensed			
1459799/001	12/08/2016			
Res Name	Doctor			
MILLER, MERLYN	HENNIES, CATHY			
Drug/Name/Strength				
HYDROCO/APAP TAB 5-325MG				
Directions				
GIVE 1 TAB BY MOUTH TWO TIMES DAILY				
Pharmacy		Quantity Dispensed		
Avera Long-Term Care Pharmacy		30.00		
Date	Time	Amount Given	Left	Signature
12/8	1900	1	29	AL RL
12/9	0700	1	28	NONAathoom
12/9	1300	1	27	NONAathoom
12/9	1930	1	26	AL RL
12/10	0900	1	25	Stages LFN
12/10	1900	1	24	MBuntzen LFN
12/11	0910	1	23	Stages LFN
12/11	1935	1	22	MBuntzen LFN
12/12	0900	1	21	L. Limoges RD
12/12	1900	1	20	Stan Stead
12/13	0900	1	19	L. Limoges RD
12/13	1900	1	18	Stan Stead
12/14	0830	1	17	L. Limoges RD
12/14	1930	1	16	MBuntzen
12/15	0900	1	15	L. Limoges RD
12/15	1930	1	14	AL RL
12/16	0800	1	13	MBuntzen
12/16	1930	1	12	AL RL
12/17/16	0700	1	11	Stan Stead
12/17/16	1900	1	10	AL RL
12/18/16	0800	1	9	Stan Stead
12/18/16	1900	1	8	AL RL
12/19/16	0800	1	7	L. Limoges RD
12/19/16	1900	1	6	AL RL
12/20/16	0830	1	5	L. Limoges RD
12/20	1440	1	4	MBuntzen LFN
12/21	0910	1	3	Stages LFN
12/21	1930	1	2	AL RL
12/22	0800	1	1	Stages LFN
12/22	1930	1	0	AL RL

UNIT (205 - 212B)(SCU)

Avera Long-Term Care Pharmac
(605)322-1450 FAX (605)322-1451

MSANTSEN, VN
Signature of nurse receiving medication
30 12/16/1
Quantity Received Date

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

Quantity Destroyed: _____ Date: _____

RN Signature: _____

RPh/Witness Signature: _____

[illegible]

[illegible]

Tel: 16053622768

Page: 28/30

Facility HUDSON CARE & REHAB CENTER (02560)	Nursing Station B501 - 100 UNIT (101A)
Rx# 1524739/001	Date Dispensed 01/28/2017
Res Name [REDACTED]	Doctor HENNIES, CATHY
Drug/Name/Strength MORPHINE SUL SOL 100/5ML	
Directions GIVE 0.25ML-1ML PO/SL EVERY HOUR AS	
NEEDED PAIN, SOB, RESTLESSNESS	
Pharmacy Avera Long-Term Care Pharmacy	Quantity Dispensed 30.00

Avera Long-Term Care Pharm.
(605)322-1450 FAX (605)877-3544

Quantity Received

Date _____

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

Quantity Destroyed: _____ Date: _____

RN Signature: _____

RPh/Witness Signature: _____

[illegible]

MEDICATION SHEET

Medication

Month

February

2017

MEDICATION		HOUR																																			
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Check Baseline Abdom in W/C + tabs in bed for functioning + bathing needs BID (1-1917) ✓	PM	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08	08
1/21/17 Morphine Sulfate 2mg/ml 6.25mg q 4hr prn Pain, SOB, restlessness (mild-sev)	P																																				
1/21/17 Morphine Sulfate 2mg/ml 0.5mg q 4hr prn moderate-sev Pain, SOB, restlessness	P																																				
1/21/17 Morphine Sulfate 2mg/ml 1mg q 4hr prn severe-sev restlessness, Pain SOB	P																																				
1/21/17 Lorazepam 2mg/ml 0.5mg q 2hr prn SOB, restlessness, anxiety	P																																				
1/21/17 Seroguel 25mg Tabs PO BID	P																																				
T Beer daily PRN	P																																				
ap24/17	P																																				

INJECTION SITE NUMBERS

1. Anterior (Clavical) Left
2. Anterior (Clavical) Right
3. Ant. Deltoid Left
4. Ant. Deltoid Right
5. Triceps (Quadriceps) Left
6. Triceps (Quadriceps) Right

ADMIT DATE: 5/4/1943 BIRTH DATE: 5/4/1943

PHYSICIAN NAME: Henries PHYSICIAN PHONE: 108 A

DIAGNOSIS: Allergies Seroguel

NURSING ALERTS: Allergies Seroguel

ATTENDING: [Signature]

DATE: 5/4/1943

[illegible]

2017

DEFINITION

Hydroxyzone/APAP 25mg/
325mg 1-2 tabs PO

Pain

01/31/17 Sennasides/Decuset
B.Leng 150mg atab po
dly PRN constipation

→ 123117 Tramedol 50mg
0.5 ~~mg~~ + ab PO Q
800 Pen ~~Pen~~ ^{Pen}

B/P weekly Friday
evening B/R/P

2/23/17 WKly wt
8Tues

[illegible]

INJECTION SITE NUMBERS

1. Buthacks (Gutuses) Left
2. Buthacks (Gutuses) Right
3. Arm (Delland) Left
4. Arm (Delland) Right
5. Thigh (Quadriceps) Left
6. Thigh (Quadriceps) Right

ADMIT DATE	BIRTH DATE	NURSING ALERTS		LCC
01/23/17	3/12/23			
PHYSICIAN NAME		PHYSICIAN PHONE	ALT PHYSICIAN NAME	ALT PHYSICIAN PHONE
DIAGNOSIS			ALLERGIES	
			DKA	
BILIRUBIN STATUS	PATIENT NO	STA	ROOM	SEX
PATIENT NAME				POC



Fax Cover Sheet

COMPANY: SD Board of Nursing

ATTENTION: SD DOH

FAX #: 362-2768 PHONE#: _____

TOTAL # PAGES (Including Cover) 55

SENDER: Mar Gelden

DATE/TIME: 3/6/17 1220

COMMENTS: _____

NOTE: This fax may contain confidential information which is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby advised that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is prohibited. If you have received this transmission in error, please notify the sender. Thank You.



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S Louise Ave Suite 201 ♦ Sioux Falls SD 57106
(605) 362-2760 ♦ Fax: 362-2768

Please complete the following information and submit copies of pertinent documents, including medical records if available; do not submit your original documents. State in detail all facts which you believe justify your complaint. If possible, state whether the information is within your personal knowledge, and if not, provide the source(s).

Please send this completed, signed form to the South Dakota Board of Nursing, attention: Complaints. If necessary, we may contact you for additional information, and you will be notified of a final decision. Please be aware that evaluation and investigation of a complaint is a time consuming process.

Name of Complainant: Hunter Winkpleck, Administrator
Address: 720 Parkway Hudson, SD 57034
Telephone: 605-984-2244 Email: hwinkpleck@hudsoncare-rehab.com
Additional Complainant(s), if any: Stephanie Van Gelder, DON

Individual(s) against whom this complaint is issued: Haylee R. Harthorn
Nurse License # if known: P59433
Place of employment: Hudson Care and Rehab Center Employment Ended 03/02/2017

Complaint and Additional Information

- Were you the patient/individual for whom care was provided? ☐ Yes ☒ No
If not, for whom was care provided (name and relationship to you)? _____
- Do you represent the employer of the nurse involved? ☒ Yes ☐ No
If so, the name and contact information of the facility: Hunter Winkpleck or Stephanie Van Gelder 605-984-2244
If so, has this practitioner faced prior warnings or disciplinary action? ☐ Yes ☒ No
Please provide employee history, evaluations, etc. as appropriate.
- Have you contacted the practitioner and/or employer about your complaint? ☒ Yes ☐ No
If so, what action, if any, was taken or is being taken? We discussed the issue with Haylee Harthorn and informed her our investigation would continue. She quit on 03/02/2017
- Has this complaint been filed elsewhere? ☒ Yes ☐ No
If so, with whom/what organization or agency? South Dakota Department of Health
If so, what action, if any, was taken or is being taken? _____
- Please describe in detail event(s) that cause you to file this complaint; include names, dates, locations, and any other information that you believe support the complaint.
Attach extra sheets if necessary. Documentation is attached.

I certify that the above information is true and correct to the best of my knowledge.

Signature of Complainant [Signature] Date 03/03/2017

Information for the Board of Nursing

Full Name: Haylee R Harthoorn

Address: 2554 250th Street
Doon, IA 51235

Telephone #: (712) 541-7355

Nursing License #: P59433

DOB: 02/05/1992

SSN: 478-21-4957

Note To Attending Physician/Prescriber

Resident: Hansen, David
Care Center: Hudson Care & Rehab Center
Physician/Prescriber: Hennies, Cathy

DOB: 02/23/1952
Station: NORTH Room: 202 Bed: B

MRR Date : 8/18/2016

David has orders for both PRN tramadol and PRN oxycodone. He only rarely uses either medication. I am curious if having both is necessary. Perhaps just the PRN tramadol would be enough to cover his pain needs. Could PRN oxycodone be DC'd?

thanks for your consideration!

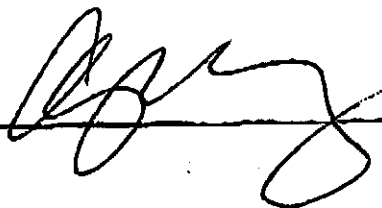


Chris A Reynolds, Pharm. D.
Consultant Pharmacist

D/c oxycodone

Physician/Prescriber Response

Signature: _____



Date: _____

8/18/16

*Noted
Blanchard
8/18/16*

Month/Year August 2014

Month/Year August 2016

unable to locate 52 oxycodone

Month/Year September 2016

TE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
1/16	1545	ff	prochlorperazine 10mg	po		no nausea	effective	9/1/16 9/16/15	ff
2/16	1145	ff	tramadol HCl 50mg	po		no pain R) shoulder	S/L effective	ff 9/16/16	ff
1/16	2315	SF	melatonin tablet 3mg	PO		Can't sleep	Sleeping	9/1/16 0000	SF
2/16	2036	mb	tramadol HCl 50mg	PO		req. for migraine	effective, sleeping	2:30	mb
2/16	1110	ff	prochlorperazine 10mg	po		nausea	effective	1200	ff
2/16	0900	ON	tramadol 50mg tabs	po		R) shoulder pain	resting in recliner 1005	ON	ON
2/16	1400	ON	tramadol 50mg tabs	po		R) shoulder pain	better 1/10	1526	ON

Medication Notes

Resident Name: Hansen, David Rm 2028

Month/Year November 2016

DATE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
11/16	1700	DN	Tramadol 50mg 1tab	PO		(Rt) "stabbing" side pain 5/10	"It's a 2/10 now"	1810	(DN)
11/16	0815	DN	Tramadol 50mg 1tab	PO		HA 7/10	not better	0900	DN
11/16	1230	DN	Tramadol 50mg 1tab	PO		HA 5/10	better 2/10	1340	DN
11/16	1415	AR	Tylenol 325mg 2tab	PO		HA 5/10	better 1/10	2015	AR
11/16	1405	MS	Tylenol 325mg 1	PO		HA 5/10	better 2/10	2005	MS
11/16	1400	DN	Tramadol 325 50mg 1tab	PO		HA 6/10	6 better 4/10	1500	DN
11/16	1920	DN	Tramadol 50mg 1tab	PO		HA 9/10	better 3/10	2100	DN
11/16	0930	DN	Tramadol 50mg 1tab	PO		(Rt) shoulder pain 5/10	better 4/10	1040	DN
11/16	1630	AR	Tylenol 325mg 1tab	PO		left shoulder pain 5/10	better 2/10	1730	AR
11/16	2135	MS	1mg 325mg 2 tabs	PO		HA "7"	effective, resting quietly	2730	MS
11/16	0830	MS	Mobet 3mg 3mg	PO		unable to sleep	resting quietly	2130	MS

Medication Notes

Resident Name: David Hansen

Month/Year October 2016

DATE	TIME	INIT.	DRUG-STRENGTH-DOSE	ROUTE	SITE	REASON (Include Pain Scale)	RESULTS (Include Pain Scale)	DATE/ TIME	INIT.
09	0915	GN	Tramadol 50mg Tab	PO		Rt shoulder pain 5/10	"Some better 3/10"	1020	GN
09	1500	GN	Tramadol 50mg Tab	PO		Rt shoulder pain 4/10	"It doesn't hurt 0/10"	1100	GN
10	0800	GN	Tramadol 50mg Tab	PO		Rt shoulder pain 5/10	resting in recliner	0900	GN
11	1940	GN	Tramadol 50mg Tab	PO		migraine	resting in recliner	1045	GN
11	2145	hms	Tramadol 50mg 1 Tab	PO		migraine	resting	2245	hms
13/16	2225	SK	Tramadol 50mg 1 Tab	PO		lt leg pain	resting quietly	2330	SK
14/16	0700	GN	Tramadol 50mg 1 Tab	PO		migraine	not better	0810	GN
14/16	0830	GN	Tramadol 50mg 1 Tab	PO		migraine	effective	1340	GN
14/16	1145	GN	Tramadol 50mg 1 Tab	PO		left leg pain 5/10	effective	1730	GN
15/16	0730	GN	Tramadol 50mg 1 Tab	PO		right side migraine	effective	0900	GN
16/16	1910	GN	Tramadol 50mg 1 Tab	PO		migraine 4/10	effective 0/10	1520	GN
17/16	1105	SK	Tramadol 50mg 1 Tab	PO		lt leg pain 5/10	effective 0/10	1200	SK
18/16	1115	SK	Hydro 325mg 1 Tab	PO		2) shoulder pain 5/10	0/10 effective	1225	SK
19/16	0810	GN	Tramadol 50mg 1 Tab	PO		lt leg pain 5/10	effective	0900	GN
20/16	0900	GN	Tramadol 50mg 1 Tab	PO		lt leg pain 5/10	some better	1020	GN
21/16	1130	GN	Tramadol 50mg 1 Tab	PO		lt leg pain 5/10	effective	1725	GN

[illegible]

Lisa Collins RN
 Signature of nurse receiving medication
 30 2-9-17
 Quantity Received Date

Avera Long-Term Care Pharmacy
 (605)322-1480 FAX (605)971-3544

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

Quantity Destroyed: _____ Date: _____

RN Signature:

RPh/Witness Signature:

[illegible]

[illegible]

Lisa Colleson
 Signature of nurse receiving medication
 30 2-9-17
 Quantity Received Date

Avera Long-Term Care Pharmacy
(605) 322-1480 FAX (605) 371-3544

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

☐ Quantity Destroyed: _____ Date: _____

RN Signature: _____

RPh/Witness Signature:

[illegible]

[illegible]

11B)(EAST) Susan Kamp
Signature of nurse receiving medication
30ml 2/8/17
Quantity Received Date

Avera Long-Term Care Pharmacy
(805)322-1450 FAX (855)971-3544

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

Quantity Destroyed: _____ Date: _____

RN Signature: _____

RPh/Witness Signature: _____

[illegible]

CONTROLLED DRUG RECEIPT/RECORD/DISPOSITION FORM

Facility HUDSON CARE & REHAB CENTER(02850)SON - 100 UNIT (101A	Nursing Station - 111B)(EAST)
Rx# 1488624/001	Date Dispensed 12/29/2016
Res Name VANDENTOP, MABLE	Doctor HENNIES, CATHY
Drug/Name/Strength MORPHINE SUL SOL 100/5ML	
Directions GIVE 0.25-1ML BY MOUTH EVERY ^{1/2} HOUR AS	
NEEDED FOR MILD TO SEVERE PAIN OR SOB	
Pharmacy Avera Long-Term Care Pharmacy	Quantity Dispensed 30.00

Avera Long-Term Care Pharmacy
(605)322-1450 FAX (605)971-3844

AL RL LPN
Signature of nurse receiving medication
30 mL 12/29/16
Quantity Received Date

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

☐ Quantity Destroyed: _____ Date: _____

RN Signature: _____

RPh/Witness Signature: _____

Date	Time	Amount		Signature
		Given	Left	
1/29/17	1520	0.5	29.5	CH Naulthorn, LPN
1/29/17	1645	0.5	29	CH Naulthorn, LPN
1/29/17	2010	0.5	28.5	CH Naulthorn
1/31/17	1015	0.5	28	SLUGS, LPN
2/3/17	1330	0.5	27.5	CH Naulthorn, LPN
2/6/17	0700	0.5	27	CH Naulthorn
2/6/17	0910	0.5	26.5	CH Naulthorn
2/6/17	1350	0.5	26	CH Naulthorn
2/7/17	1030	0.25	35.75	SLUGS
2/7/17	1800	0.5	25.25	CH Naulthorn
2/7/17	1935	0.5	24.75	CH Naulthorn
2/7/17	2000	0.5	24.25	CH Naulthorn
2/7/17	2100	0.5	23.75	CH Naulthorn
2/7/17	2300	0.5	23.25	SLUGS
2/7/17	2350	0.5	22.75	SLUGS
2/8/17	0410	0.5	22.25	SLUGS
2/8/17	1100	0.5	21.75	SLUGS, LPN
2/8/17	1445	0.5	21.25	SLUGS, LPN
2/8/17	1800	0.5	21	CH Naulthorn
2/8/17	1900	0.5	20.5	CH Naulthorn
2/8/17	2030	0.5	20	CH Naulthorn
2/8/17	2130	0.5	19.5	CH Naulthorn
2/8/17	2310	0.5	19	SLUGS
2/9/17	0245	0.5	18.5	SLUGS
2/9/17	0515	0.5	18	SLUGS
2/9/17	0830	0.5	17.5	SLUGS
2/9/17	1410	0.5	17	SLUGS
2/9/17	1900	0.5	16.5	CH Naulthorn
2/9/17	2030	0.5	16	CH Naulthorn
2/9/17	2300	0.5	15.5	SLUGS

Date	Time	Amount		Signature
		Given	Left	
2/10/17	0130	0.5	15	SLUGS
2/10/17	0430	0.5	14.5	SLUGS
2/10/17	1125	0.5	14	SLUGS
2/10/17	1515	0.5	13.5	SLUGS
2/10/17	2300	0.5	13	SLUGS
2/11/17	1145	0.5	12.5	SLUGS
2/11/17	1630	0.5	12	SLUGS
2/11/17	2315	0.5	11.5	SLUGS
2/12/17	0120	0.5	11	SLUGS
2/12/17	0240	0.5	10.5	SLUGS
2/12/17	0330	1	9.5	SLUGS

[illegible]

Facility	Nursing Station
HUDSON CARE & REHAB CENTER (02850)	HUDSON - 100 UNIT (101A)
Rx#	Date Dispensed
1488762/001	12/29/2016
Res Name	Doctor
BOOGERD, NELVA J.	HENNIES, CATHY
Drug/Name/Strength	
HYDROCO/APAP TAB 5-325MG	
Directions	
GIVE 1 TAB BY MOUTH THREE TIMES DAILY	

111B)(EAST)
Lamont

Signature of nurse receiving medication

30

230/16

Quantity Received

Date _____

Every dose must be accounted for and requires charting on the Medication Administration Record.

Disposition of Remaining Doses

Quantity Destroyed: _____ Date: _____

RN Signature:

RPh/Witness Signature:

Pharmacy	Quantity Dispensed
Avera Long-Term Care Pharmacy	30.00%

Date	Time	Amount		Signature
		Given	Left	
2/31	1930	1	29	AL PL
1/1	0800	1	28	Stoges LPH
1/1	1330	1	27	Stoges LPH
1/1	1930	1	26	AL PL
1/2	0815	1	25	L. Limoges RD
1/2	1330	1	24	L. Limoges RD
1/2	1915	1	23	AL PL
1/3	0716	1	22	Stoges LPH
1/3	1324	1	21	Stoges LPH
1/3	2040	1	20	MBrantzen, LPH
1/4	0730	1	19	Stoges LPH
1/4	1403	1	18	Stoges LPH
1/4	1955	1	17	AL PL
1/5	0850	1	16	L. Limoges RD
1/5	1400	1	15	L. Limoges RD
1/5	1920	1	14	AL PL
1/6	0900	1	13	L. Limoges RD
1/6	1330	1	12	L. Limoges RD
1/6	2055	1	11	MBrantzen, LPH
1-7-17	0900	1	10	Stoges LPH
1-7-17	1930	1	9	Stoges LPH
1-7-17	1955	1	8	AL PL
1/8/17	0900	1	7	L. Limoges RD
1/8/17	1315	1	6	L. Limoges RD
1/8/17	1950	1	5	AL PL
1/9/17	0830	1	4	L. Limoges RD
1/9/17	1345	1	3	L. Limoges RD
1/9/17	2000	1	2	AL PL
1/10/17	0733	1	1	Stoges LPH
1/10/17	2051	1	0	MBrantzen, LPH

[illegible]

MEDICATION SHEET

Month: Jun.

Year

2017

MEDICATION		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Hydro / Ace / Tam / Phen tab. 5-320mg 1 tab po BID	11/01/17-8	0800 2100																																
Metoprolol Tartrate 50mg po stat BID	11/01/17-8	0800 2100																																
Cymbalta 15 mg po QD (duloxetine) (Depression)	11/01/17-8	0800																																
Cymbalta 30mg po QD (duloxetine) (Depression)	11/01/17-8	0800																																

INJECTION SITE NUMBERS

- 1 Buttocks (Gluteus) Left
- 2 Buttocks (Gluteus) Right
- 3 Arm (Deltoid) Left
- 4 Arm (Deltoid) Right
- 5 Thigh (Quadriceps) Left
- 6 Thigh (Quadriceps) Right

ADMIT DATE

BIRTH DATE

NURSING ALERTS

LOC

PHYSICIAN NAME

PHYSICIAN PHONE

ALT PHYSICIAN NAME

ALT PHYSICIAN PHONE

DIAGNOSIS

ALLERGIES

SILVIE STATUS

ADMIT NO

STA

ROOM

Bldg

Sec

PAGE & PAGE

PAGE

Bernard Miller

Narcotic Record

Resident Name: Nelva Boogard Medical Record #: Room #: Physician Name: Hennies Pharmacy Name:			Medication Name Hydrocodone 10/325 Dosage-Route-Frequency			
Nurse Signature	Date	Time	Amount on Hand	Amount Received	Amount Given	Ending Count
<i>Matthew</i>	—	—	—	30	—	30
L. Limoges RN	10/24/16	0900	30	—	1	29
L. Limoges RN	10/24/16	1400	29	—	1	28
Ken Medema	10/24/16	2000	28	—	1	27
Chen Nanthoom	10/25/16	0900	27	—	1	26
Chen Nanthoom RN	10/25/16	1330	26	—	1	25
K. Collins RN	10/25/16	2000	25	—	1	24
L. Limoges RN	10/26/16	0530	24	—	1	23
L. Limoges RN	10/26/16	1415	23	—	1	22
Myrtaison	10/26/16	2015	22	—	1	21
Chen Nanthoom	10/27/16	0910	21	—	1	20
Chen Nanthoom	10/27/16	1330	20	—	1	19
Chen Nanthoom	10/27/16	1920	19	—	1	2018
B. Hughes RN	10-28-16	0800	18	—	1	17
B. Hughes	10-28-16	1400	17	—	1	16
<i>Chen Nanthoom</i>	10-28-16	2000	16	—	1	15
Chen Nanthoom	10/29	0910	15	—	1	14
Chen Nanthoom	10/29	1340	14	—	1	13
Myrtaison	10/29	2040	13	—	1	12

Narcotic Record

[illegible]

Packing Slip

Deliver To:

HUDSON CARE & REHAB CENTER (028SD)
720 PARKWAY
HUDSON, SD 57034

Avera Long-Term Care Pharmacy
3820 N Potsdam Ave
Suite 2
Sioux Falls, SD 57104
(605)322-1450

C

Delivery Route:

Shipping Tote:



TOT82773



PAK101626

Date: 01/08/2017

HUDSON CARE & REHAB (HUDSON)

CONTROLLED SUBSTANCES

RX #	QTY	MEDICATION LABEL NAME	PRESCRIBER	COMMENTS
BOOGERD, NELVA J. (11844) 1496952/001	30.00	HYDROCO/APAP TAB 5-325MG	Room: 111 Bed: B HENNIES, CATHY	C-II

13 missing

PACKING SLIP SUMMARY
TOTAL RX = 1
TOTAL PACKAGES = 1

SIGNATURE CONFIRMS ACCEPTANCE OF DELIVERY ONLY.
PLEASE NOTIFY THE PHARMACY WITHIN 24 HOURS OF ANY DISCREPANCY.
RETURN SIGNED COPY TO PHARMACY

Aki Rosenbaum
NURSE PRINT NAME

SIGNATURE

1-8-17
DATE

PAGE 1 END

Facility Copy

[illegible]



Narcotic Record

Resident Name: Delores Hamandberg Medical Record #: 1055 Room #: 206B Physician Name: Hennies Pharmacy Name: Booth			Medication Name Tramadol HCL Dosage-Route-Frequency 50mg tab, PO, BID as needed			
Nurse Signature	Date	Time	Amount on Hand	Amount Received	Amount Given	Ending Count
	11/11/16	1600	—	30	—	30
	11/11/16	2015	30	—	1	29
L. Lmoges W	11/14/16	0715	29	—	1	28
NNatthoom	11/16/16	1400	28	—	1	27
NNatthoom	11/17/16	0810	27	—	1	26
Han Yoder W	11/18/16	2040	26	—	2	24
11510101510	11/20/16	0545	24	—	2	22
MBrantzen	11/20/16	2015	22	—	2	20
Laura Lmoges W	11/22/16	0940	20	—	1	19
L Lmoges W	11/23/16	1720	19	—	1	18
Han Yoder W	11/23/16	1935	18	—	1	17
L. Lmoges W	11/24/16	1435	17	—	1	16
Han Yoder W	11/25/16	2345	16	—	1	15
Skamp	11/26/16	1250	15	—	1	14
Skamp	11/27/16	2300	14	—	1	13
112011510	11/28/16	2100	13	—	1	12
MBrantzen	11/30/16	0100	12	—	1	11
	11/30/16	1055	11	—	1	10
Skamp	12-1-16	2300	10	—	1	9

Narcotic Record

[illegible]

[illegible]

Facility HUDSON CARE & REHAB CENTER(02650)		Nursing Station HUDSON - SPECIAL CARE UNIT (205 - 212B)(SCU)		Avera Long-Term Care Pharmacy (605)322-1450 FAX (605)322-1451	
Rx# 1459803/001		Date Dispensed 12/06/2016			
Res Name STOTERAU, JOAN C.		Doctor HENNIES, CATHY			
Drug/Name/Strength MORPHINE SUL SOL 100/5ML					
Directions GIVE 0.25-1ML BY MOUTH EVERY HOUR AS NEEDED FOR MILD TO SEVERE PAIN OR SOB					
Pharmacy Avera Long-Term Care Pharmacy		Quantity Dispensed 30.00			

Date	Time	Amount		Signature
		Given	Left	
12/1	0245	0.25	29.75	M. Stanton LPN
12/14	1540	0.5	29.5	L. L.
1/20	1515	0.75	29.0	L. L.
1/21	0050	0.25	28.75	M. Stanton
1/21	1000	0.5	28.5	SUGGS LPN
1/21	1430	0.25	28.25	SUGGS LPN
1/21	1940	0.25	28	M. Stanton LPN
1/22	0215	0.25	27.75	M. Stanton LPN
1/22	0730	0.25	27.5	SUGGS LPN
1/22	1745	0.5	27	SKR. [unclear]
1/22	2030	1ml	26	SKR. [unclear]
1/23/17	2335	0.5mL	25.5mL	K. Callender
1/23/17	0410	0.5mL	25mL	K. Callender
1/23/17	2245	Placed in Narc box = 25mL		
		CN Northam LPN/K. Callender		

Disposition of Remaining Doses
☐ Quantity Destroyed: _____ Date: _____
 RN Signature: [Signature]
 RPh/Witness Signature: _____

Every dose must be accounted for and requires charting on the Medication Administration Record.

Signature of nurse receiving medication: M. Stanton LPN

Quantity Received: 30 **Date:** 12/16/16

[illegible]



SOUTH DAKOTA BOARD OF NURSING
SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768 ♦ doh.sd.gov/boards/nursing

04/13/2017

FILE COPY

Haylee Harthoorn
2554 250th St.
Doon, IA 51235

Dear Ms Harthoorn:

An **Informal Meeting** has been scheduled for **Tuesday, 04/18/2017, at 8:30 am CT.**

This Informal Meeting will be conducted at the Board office and will be an opportunity for you to meet with Board of Nursing representatives and discuss a complaint received by the Board related to a nursing practice issues.

You may choose to meet with staff alone, or legal counsel may accompany you if you so desire. Please inform me as soon as possible if you intend to be represented by legal counsel so that the Board of Nursing's attorney may also be notified to be present for this meeting.

A brief description of due process is enclosed. You are advised that this Informal Meeting does not constitute a Formal Hearing. If you do not appear for this Informal Meeting at the scheduled time, the Board will assume that you do not want this Informal Meeting prior to initiation of formal proceedings in your case. If the Board determines that a Formal Hearing in your case is necessary, you will be served with a Formal Notice of Hearing.

Sincerely,

Francie Miller, RN, BSN
Nursing Program Specialist
South Dakota Board of Nursing

ENC:

Due Process



SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. Louise Avenue Suite 201 • Sioux Falls, SD 57106-3115
(605) 362-2760 • FAX: 362-2768

FILE COPY

March 13, 2017

Haylee Harthoorn
2554 250th St.
Doon, IA 51235

Dear Ms. Harthoorn;

The South Dakota Board of Nursing has received a complaint of an alleged violation of laws or regulations that govern your nursing practice, in accordance with SDCL 36-9 and SDCL 36-9A. The Board of Nursing has jurisdiction over licensed nurses in the state of South Dakota and those nurses working in South Dakota on their privilege to practice, pursuant to South Dakota Codified Law 36-9-49.

An investigation into the facts of the case has begun. Please contact the Board staff to schedule an informal meeting. This meeting will be conducted at the Board office and will be an opportunity for you to meet with Board of Nursing representatives and discuss the complaint.

Sincerely,

Francie Miller, RN, BSN, MBA
Nursing Program Specialist
South Dakota Board of Nursing
Office # 605-362-3545